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CONFIRMATION NO. 6754

SERIAL NUMBER 10/518,420	FILING OR 371(c) DATE 05/25/2005 RULE	CLASS 482	GROUP ART UNIT 3764	ATTORNEY DOCKET NO. 21087.0022U2
APPLICANTS Richard Shields, Iowa City;				
** CONTINUING DATA ***** This application is a 371 of PCT/US03/19344 06/18/2003				
** FOREIGN APPLICATIONS ***** UNITED STATES OF AMERICA 60389850 06/18/2002				
Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY UNITED STATES	SHEETS DRAWING 7	TOTAL CLAIMS 23
Verified and Acknowledged Examiner's Signature _____ Initials _____				INDEPENDENT CLAIMS 5
ADDRESS 23859				
TITLE Therapeutic exercise system and method for a paralyzed and nonparalyzed neuromusculoskeletal training system				
FILING FEE RECEIVED 1680	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		